

PHIL BREDESEN
GOVERNOR

## STATE OF TENNESSEE DEPARTMENT OF EDUCATION DIVISION OF SPECIAL EDUCATION

DIVISION OF SPECIAL EDUCATION
7<sup>TH</sup> FLOOR, ANDREW JOHNSON TOWER
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-0380

TIMOTHY K. WEBB, Ed.D. COMMISSIONER

September 2, 2009

Wanda Johnston, Director Wayne County Schools P.O. Box 658 Waynesboro, TN 38485-

Dear Director Johnston:

Your requested Amendment No. 1 for your ARRA IDEA Part B Grant (10-01) has been received in this office and reviewed by the appropriate staff of the Division of Special Education. Your request is approved as follows:

Line item increases are approved for \$461,891.28

Line item decreases are approved for \$

0.00

Your IDEA Part B Grant records and books of account should be adjusted to reflect the above changes.

Sincerely, July Le Le Le

Joseph Fisher

Assistant Commissioner

if/bt

CC:

Kathi Rowe, Director Program Management Services

Dr. Kristy Prince, Special Education Supervisor (Enclosure)

Division of Fiscal Services (Enclosure)

Sandra Albright, Management Consultant (Enclosure)

### ANDERSON HERE E PER E PRESENT FORESTER PROPERTY.

#### WAYNESBORO, TENNESSEE 38485

## WANDA JOHNSTON Superintendent

Date: August 7, 2009

Joseph Fisher, Assistant Commissioner Tennessee Department of Education Division of Special Education 7<sup>th</sup> Floor, Andrew Johnson Tower 710 James Robertson Parkway Nashville, TN 37243-0380 JOE TREECE Chairman



AJT



Dear Mr. Fisher:

Enclosed you will find an original and copies of our request for the following:

| IDEA Part B:<br>Part B, ARRA:   |          | Amendment #1 Amendment # _ |            |  |  |  |  |  |
|---|----------|----------------------------|------------|--|--|--|--|--|
| Part B, Carryover:<br>Part B, ARRA C/O:                                       | Budget # | Amendment #                | Addendum # |  |  |  |  |  |
| Preschool:<br>Preschool, ARRA:  | Budget # | Amendment # Amendment #    |            |  |  |  |  |  |
| Preschool Carryover:<br>Preschool ARRA C/O:                                   |          | Amendment #                | Addendum # |  |  |  |  |  |
| A copy of our Federal Completion Report is attached for the carryover budget. |          |                            |            |  |  |  |  |  |

Thank you for your consideration in this matter.

Sincerely,

Director of Schools Signature

\*\*\*\*Copies to be submitted: Amendment/Budget-original and 4 copies

Addendum—original and 3 copies

Completion Report—original and 2 copies

| IDE                                   | A, PART B,  | , ARRA   | P  | RESCHOOL   |  | PRESCHOO          | )L, ARRA   |
|---------------------------------------|---|--|--|--|--|-------------------|--|
| UNT                                   | EXPENDITURES INSTRUCTION (71000)<br>SPECIAL EDUCATION PROGRAM | CURRENT<br>BUDGET  | *FTE<br>Positions  | INCREASE   | DECREASE   | AMENDED<br>BUDGET | *FTE<br>Positions  |
| 116                                   | Teachers  | 17,497.00  | 0.58   | 249,125.00                                       | THE SECTION AND SECTION ASSESSMENT AND ADMINISTRATION OF THE SECTION ASSESSMENT AND ADMINISTRATION OF THE PROPERTY OF THE PROP | 266,622.00        | 6.58   |
| 1                                     | Homebound Teachers  |  |  | 9423-941-04-04-04-04-04-04-04-04-04-04-04-04-04- | ***  | 0.00              |  |
|                                       | Clerical Personnel  |  |  | ***************************************          |  | 0,00              |  |
| 163                                   | Educational Assistants  |  |  | ***************************************          | anne en   | 0.00              |  |
|                                       | Speech Pathologist  | ***************************************  | ***************************************  | ***************************************          |  | 0.00              | NO PROPERTY OF THE PROPERTY OF |
|                                       | Other Salaries & Wages  | ***************************************  |  | ***************************************          |  | 0.00              |  |
| 195                                   | Certified Substitute Teachers                                 | Out the state of t | NEW TOTAL PROPERTY OF THE PROP |  |  | 0.00              |  |
| 198                                   | Non-Certified Substitute Teachers                             | ***************************************  |  | ***************************************          |  | 0.00              | ALTO TAKE THE STATE OF THE STAT |
| 201                                   | Social Security   | 1,085,00   | XXXXXXX  | 15,620.00  |  | 16,705.00         | XXXXXXX  |
| 204                                   | State Retirement  | 1,164.00   | XXXXXXX  | 3,923.56   |  | 5,087.56          | XXXXXXX  |
| 206                                   | Life Insurance  |  | XXXXXXX  |  | ***************************************  | 0.00              | XXXXXXX  |
| 207                                   | Medical Insurance   |  | XXXXXXX  | 5,600,00   |  | 5,600.00          | XXXXXXX  |
| 208                                   | Dental Insurance  |  | XXXXXXX  | 2,000.00   |  | 0.00              | XXXXXXX  |
| 210                                   | Unemployment Compensation                                     |  | XXXXXXX  | 594.00   |  | 594.00            | XXXXXXX  |
| 212                                   | Employer Medicare   | 254.00   | XXXXXXX  | 16,065,00  |  | 16,319.00         |  |
| 299                                   | Other Fringe Benefits   |  | XXXXXXX  | 10,005,00  |  |                   | XXXXXXX  |
|                                       | Contracts With Other Public Agencies                          |  | XXXXXXX  |  |  | 0.00              | XXXXXXX  |
|                                       | Contracts With Other School Systems                           | ***************************************  | XXXXXXX  |  |  | 0.00              | XXXXXXX  |
|                                       | Contracts With Private Agencies                               | and the second and the second of the second  | XXXXXXX  |  | ***************************************  | 0.00              | XXXXXXX  |
| 322                                   | Evaluation & Testing  | ***************************************  | XXXXXXX  |  |  | 0.00              | XXXXXXX  |
| 330                                   | Operating Lease Payments                                      | ***************************************  | XXXXXXX  |  | ***************************************  | 0.00              | XXXXXXX  |
|                                       | Maintenance And Repair Services - Equipment                   |  | XXXXXXX  | ***************************************          |  | 0.00              | XXXXXXX  |
|                                       | Tuition   | ***************************************  | XXXXXXX  | ***************************************          |  | 0.00              | XXXXXXX  |
| 369                                   | Contracts for Substitute Teachers - Certified                 | *  | XXXXXXX  | ***************************************          | ***************************************  | 0.00              | XXXXXXX  |
| 370 0                                 | Contracts for Substitute Teachers - Non-Certified             |  | XXXXXXX  |  | ***************************************  | 0.00              | XXXXXXX  |
|                                       | Other Contracted Services                                     | 40,000.00  | XXXXXXX  |  |  | 0.00              | XXXXXXX  |
| · · · · · · · · · · · · · · · · · · · | Instructional Supplies & Materials                            | 70,000.00  | XXXXXXX  |  |  | 40,000.00         | XXXXXXX  |
|                                       | l'extbooks  |  | XXXXXXX  |  |  | 0.00              | XXXXXXX  |
| 499 (                                 | Other Supplies & Materials                                    |  |  | 170.000  | ***************************************  | 0.00              | XXXXXXX  |
|                                       | Fee Waivers   |  | XXXXXXX  | 170,963.72                                       |  | 170,963.72        | XXXXXXX  |
| 599 (                                 | Other Charges (Specify)                                       |  |  |  |  | 0.00              | XXXXXXX  |
|                                       | Special Education Equipment                                   |  | XXXXXXX  |  |  | 0.00              | XXXXXXX  |
|                                       | POTAL EXPENDITURES  | 60.000.00  | XXXXXXX  |  |  | 0.00              | XXXXXXX  |
| · · · · · · · · · · · · · · · · · · · | ect cost rate — always he cure to subtract and                | 00,000.00  | XXXXXXX  | 461,891.28                                       | 0.00   | 521,891.28        | XXXXXXX  |

out indirect cost rate - always be sure to subtract equipment.

this is a carryover – 21, complete "current budget" column only.

# SYSTEM Wayne County Schools INITIAL CARRYOVER X BUDGET AMENDMENT # 1 PROJECT 10.01 FINANCIAL INFORMATION (Continued)

IDEA, PART B PART B, ARRA PRESCHOOL PRESCHOOL, ARRA X COUNT CURRENT \*FTE AMENDED \*FTE EXPENDITURES INCREASE DECREASE N O BUDGET Positions BUDGET Positions SUPPORT SERVICES (72000) 72710 TRANSPORTATION 105 Supervisor/Director 0.00 142 Mechanic(s) 0.00 146 Bus Drivers 0.00 162 Clerical Personnel 0.00 189 Other Salaries & Wages 0.00 196 In-Service Training 0.00 201 Social Security XXXXXXX 0.00 XXXXXXX 204 State Retirement XXXXXXX 0.00 XXXXXXX 206 Life Insurance XXXXXXX 0.00 XXXXXXX 207 Medical Insurance XXXXXXX 0.00 XXXXXXX 208 Dental Insurance XXXXXXX 0.00 XXXXXXX 210 Unemployment Compensation XXXXXXX 0.00 XXXXXXX 212 Employer Medicare XXXXXXX 0.00 XXXXXXX 299 Other Fringe Benefits XXXXXXX 0.00 XXXXXXX 307 Communication XXXXXXX 0.00 XXXXXXX 311 Contracts with Other School Systems XXXXXXX 0.00 XXXXXXX 312 Contracts with Private Agencies XXXXXXX 0.00 XXXXXXX 313 Contracts with Parents XXXXXXX 0.00 XXXXXXX 314 Contracts with Public Carriers XXXXXXX XXXXXXX 315 Contracts with Vehicle Owners XXXXXXX 0.00 XXXXXXX 329 Laundry Service XXXXXXX 0.00 XXXXXXX 330 Operating Lease Payments XXXXXXX 0.00 XXXXXXX 338 Maintenance & Repair Service -XXXXXXX 0.00 XXXXXXX 340 Medical & Dental Services XXXXXXX 0.00 XXXXXXX 348 Postal Charges XXXXXXX 0.00 XXXXXXX 351 Rentals XXXXXXX 0.00 XXXXXXX 355 Travel XXXXXXX 0.00 XXXXXXX 399 Other Contracted Services XXXXXXX 0.00 XXXXXXX 412 Diesel Fuel XXXXXXX 0.00 XXXXXXX 418 Equipment & Machinery Parts XXXXXXX 0.00 424 Garage Supplies XXXXXXX XXXXXXX 425 Gasoline 0.00 XXXXXXX XXXXXXX 0.00 XXXXXXX 433 Lubricants XXXXXXX 0.00 XXXXXXX Tires & Tubes XXXXXXX XXXXXXX Vehicle Parts XXXXXXX 0.00 XXXXXXX 499 Other Supplies & Materials XXXXXXX 511 Vehicle & Equipment Insurance XXXXXXX XXXXXXX 0.00 in-Service/Staff Development XXXXXXX XXXXXXX 599 Other Charges (Specify) 0.00 XXXXXXX XXXXXXX Administration Equipment 0.00 XXXXXXX XXXXXXX 0.00 XXXXXXX 729 Transportation Equipment 40.000.00 XXXXXXX 40,000,00 XXXXXXX 72710 TOTAL EXPENDITURES 40,000.00 XXXXXXX 0.00 0.00 40,000.00 XXXXXXX

ithis is a carryover – 21, complete "current budget" column only.

| OL SYSTEM Wayne Coun                         | ty Schools INITIAL CARR | RYOVER X BUDGET AME | ENDMENT # 1 PROJECT 10.01 |  |  |  |  |  |  |
|--|-------------------------|---------------------|---------------------------|--|--|--|--|--|--|
| SUMMARY of FINANCIAL INFORMATION (Continued) |                         |                     |                           |  |  |  |  |  |  |
| (DEA, PART B                                 | X PART B, ARRA          | PRESCHOOL           | PRESCHOOL, ARRA           |  |  |  |  |  |  |

| COUNT<br>ERIES   | EXPENDITURES                                  | CURRENT<br>BUDGET | INCREASE       | DECREASE   | AMENDED<br>BUDGET  |
|--|---|-------------------|----------------|--|--|
| 71150  | Alternative Schools                           |                   |                | министи и под при на того у под  | 0.00   |
| 71200  | Special Education Instruction                 | 60,000.00         | 461,891.28     |  | 521,891.28   |
| /2120  | Health Services                               |                   |                |  | 0.00   |
| 72130  | Other Student Support                         |                   |                |  | 0.00   |
| 72215  | Alternative Instructional Program             |                   |                |  | 0.00   |
| 72220  | Special Education Program Staff               |                   |                |  | 0.00   |
| 72410  | Office of Principal                           |                   |                | A management of the course as harmonic country in the country of t | 0.00   |
| 72710  | Transportation                                | 40,000.00         |                |  | 40,000.00  |
| าย100-590  | Transfer Out of Funds: Indirect Cost (Rate: ) |                   |                | y a construction of contract contract of c | 0.00   |
| ^9 <b>9100-590</b>   | Permissive Use of Funds:                      |                   | and the second |  |  |
|  | A. Adjustment to Local Effort                 |                   |                |  | 0.00   |
| Vol. 1 1 V V - A Print A Semillar and Colored Strategic Colored St | B. School Wide                                |                   |                | e annu de la cuagamente account un moly metablic des sencial tras la 1886 en moly anno metablicars - cola llegacionem  | 0.00   |
|  | C. Early Intervening Services                 |                   |                | ant magament and place of the specific of the state of the specific of the spe | 0.00   |
| AL EXPEN   | IDITURES FOR SPECIAL EDUCATION                | 100,000.00        | 461,891.28     | 0.00   | Control Contro |

NOTE: If this is a carryover budget (21), complete "current budget" column only.

Subtract out all expenditures for equipment prior to determing indirect cost amounts. Do Not include any "Permissive Use of Funds" expenditures when determining indirect cost amounts.

|  | ot. | use | these | columns | for | Preschool | funds. |
|--|-----|-----|-------|---------|-----|-----------|--------|
|--|-----|-----|-------|---------|-----|-----------|--------|

| Page | No. | 4  |
|------|-----|--|
|      |     | and a second state of a second |

#### **JUSTIFICATION**

| X INCREASE | DECREASE | INITIAL .21 PROJECT |
|------------|----------|---------------------|
|            |          |                     |

| ACCOUNT<br>NUMBER                   | EXPENDITURE ITEM   | JUSTIFICATION  |
|-------------------------------------|--|--|
| 71200-116                           | Teachers   | This line item was increased to fund teacher positions that were funded through General Purpose Special Education (Reduction of Maintenance of Effort). (FTE .58 – Amended FTE 6.58) |
| 71200-201                           | Social Security  | Fixed charges for teachers.  |
| 71200-204                           | State Retirement   | Fixed charges for teachers.  |
| 71200-207<br>71200-210<br>71200-212 | Medical Insurance Unempl. Compensation Employer Medicare | Medical insurance for teachers.  Screens for teachers.  Fixed charges for teachers.  |
| 71200-499                           | Other Supplies and Materials                             | This amount is reserved for teacher salaries for the 2010-11 school year.  |
|                                     |  |  |



PHIL BREDESEN
GOVERNOR

# STATE OF TENNESSEE DEPARTMENT OF EDUCATION DIVISION OF SPECIAL EDUCATION 7<sup>TH</sup> FLOOR, ANDREW JOHNSON TOWER 710 JAMES ROBERTSON PARKWAY

NASHVILLE, TN 37243-0380

TIMOTHY K. WEBB, Ed.D. COMMISSIONER

September 11, 2009

Wanda Johnston, Director Wayne County Schools P.O. Box 658 Waynesboro, TN 38485-

Dear Director Johnston:

Your requested initial budget for your IDEA Preschool ARRA Grant (10-01) has been received in this office and reviewed by the appropriate staff of the Division of Special Education. Your request is approved as follows:

10-01 ARRA Preschool Budget

L Like

\$ 10,895.17

CFDA # 84.392A

Your IDEA Preschool ARRA Grant records and books of account should be adjusted to reflect the above changes.

Sincerely,

Joseph Fisher

Assistant Commissioner

if/bt

CC:

Kathi Rowe, Director Program Management Services

Dr. Kristy Prince, Special Education Supervisor (Enclosure)

Division of Fiscal Services (Enclosure)

Sandra Albright, Management Consultant (Enclosure)

### Wayne County Board Of Education

P.O. BOX 658 WAYNESBORO, TENNESSEE 38485

#### WANDA JOHNSTON Superintendent

JOE TREECE Chairman

September 2, 2009

Joseph Fisher, Assistant Commissioner Tennessee Department of Education Division of Special Education 7<sup>th</sup> Floor, Andrew Johnson Tower 710 James Robertson Parkway Nashville, TN 37243-0380

Dear Mr. Fisher:

| Enc. | losed | you | will | find | an | original | and | copies | of | our reques | t for | the | fol | lowin | g: |
|------|-------|-----|------|------|----|----------|-----|--------|----|------------|-------|-----|-----|-------|----|
|------|-------|-----|------|------|----|----------|-----|--------|----|------------|-------|-----|-----|-------|----|

| IDEA Part B:<br>Part B, ARRA:   | Budget #   | Amendment #                | Addendum #               |  |  |  |  |  |  |
|---|--|----------------------------|--------------------------|--|--|--|--|--|--|
| Part B, Carryover:<br>Part B, ARRA C/O:                                       | Budget #   | Amendment #                | Addendum #<br>Addendum # |  |  |  |  |  |  |
| Preschool:<br>Preschool, ARRA:  | and the same of th | Amendment #1 Amendment # _ |                          |  |  |  |  |  |  |
| Preschool Carryover:<br>Preschool ARRA C/O:                                   | gies, second-continued contraction   | Amendment #                | Addendum #               |  |  |  |  |  |  |
| A copy of our Federal Completion Report is attached for the carryover budget. |  |                            |                          |  |  |  |  |  |  |
| Thank you for your consideration in this matter.                              |  |                            |                          |  |  |  |  |  |  |

M. Intohna

Sincerely,

Director of Schools Signature

\*\*\*\*Copies to be submitted: Amendment/Budget—original and 4 copies

Addendum—original and 3 copies

Completion Report—original and 2 copies

| ACCOUNT                                 |   |  |   |  |   |                   |   |
|---|---|--|---|--|---|-------------------|---|
| NO<br>71200                             | EXPENDITURES INSTRUCTION (71000)<br>SPECIAL EDUCATION PROGRAM | CURRENT<br>BUDGET  | *FTE<br>Positions   | INCREASE   | DECREASE                                | AMENDED<br>BUDGET | *FTE<br>Positions                       |
|   | Teachers  | ***************************************  |   |  | *************************************** | 0.00              |   |
| 128                                     | Homebound Teachers  | The state of the s |   |  | *************************************** | 0.00              | *************************************** |
| 162                                     | Clerical Personnel  | ***************************************  |   |  |   | 0.00              |   |
| 163                                     | Educational Assistants  | 9,446.80   | 0.65  |  |   | 9,446.80          | 0.64                                    |
| 171                                     | Speech Pathologist  | A  |   |  |   | 0.00              | 0.65                                    |
| 189                                     | Other Salaries & Wages  | ***************************************  | ***************************************   |  |   | 0.00              |   |
| 195                                     | Certified Substitute Teachers                                 |  |   |  |   | 0.00              |   |
| 198                                     | Non-Certified Substitute Teachers                             |  | Territoria de la companya de la comp |  |   | 0.00              |   |
| 201                                     | Social Security   | 616.44   | XXXXXXX   |  |   | 616.44            | XXXXXXX                                 |
| 204                                     | State Retirement  | 629.30   | XXXXXXX   | ***************************************  |   | 629.30            | XXXXXXX                                 |
| 206                                     | Life Insurance  | ***************************************  | XXXXXXX   |  |   | 0.00              | XXXXXXX                                 |
| 207                                     | Medical Insurance   |  | XXXXXXX   |  |   | 0.00              | XXXXXXX                                 |
| 208                                     | Dental Insurance  |  | XXXXXXX   |  |   | 0.00              | XXXXXXX                                 |
| 210                                     | Unemployment Compensation                                     | 70.00  | XXXXXXX   |  |   | 70.00             | XXXXXXX                                 |
|   | Employer Medicare   | 132.63   | XXXXXXX   | ***************************************  |   | 132.63            | XXXXXXX                                 |
| 299                                     | Other Fringe Benefits   |  | XXXXXXX   | ***************************************  | *************************************** | 0.00              | XXXXXXX                                 |
|   | Contracts With Other Public Agencies                          |  | XXXXXXX   |  | ~ · · · · · · · · · · · · · · · · · · · | 0.00              | XXXXXXX                                 |
|   | Contracts With Other School Systems                           |  | XXXXXXX   |  |   | 0.00              | XXXXXXXX                                |
| 312                                     | Contracts With Private Agencies                               |  | XXXXXXX   | annua non su proprieta de la companya | *************************************** | 0.00              | XXXXXXX                                 |
|   | Evaluation & Testing  |  | XXXXXXX   |  | *************************************** | 0.00              | XXXXXXX                                 |
| 330                                     | Operating Lease Payments                                      |  | XXXXXXX   |  |   | 0.00              | XXXXXXXX                                |
|   | Maintenance And Repair Services - Equipment                   |  | XXXXXXX   |  |   | 0.00              | XXXXXXX                                 |
| *************************************** | Tuition   |  | XXXXXXX   | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   |   | 0.00              | XXXXXXX                                 |
| 369                                     | Contracts for Substitute Teachers - Certified                 |  | XXXXXXX   |  |   | 0.00              | XXXXXXX                                 |
|   | Contracts for Substitute Teachers - Non-Certified             | ***************************************  | XXXXXXX   | ***************************************  |   | 0.00              | XXXXXXXX                                |
|   | Other Contracted Services                                     |  | XXXXXXX   |  |   | 0.00              | XXXXXXX                                 |
|   | Instructional Supplies & Materials                            |  | XXXXXXX   |  |   | 0.00              | XXXXXXX                                 |
|   | Textbooks   |  | XXXXXXX   |  |   | 0.00              | XXXXXXX                                 |
| 499                                     | Other Supplies & Materials                                    | ***************************************  | XXXXXXX   |  |   | 0.00              | XXXXXXX                                 |
|   | Fee Waivers   |  | XXXXXXX   |  |   | 0.00              | XXXXXXX                                 |
| 599                                     | Other Charges (Specify)                                       |  | XXXXXXXX  | ·  |   | 0.00              | XXXXXXX                                 |
| *************************************** | Special Education Equipment                                   |  | XXXXXXX   |  |   | 0.00              | XXXXXXX                                 |
|   | TOTAL EXPENDITURES  | 10,895.17  | XXXXXXX   | 0.00   | 0.00                                    |                   | XXXXXXX                                 |

Use current indirect cost rate – always be sure to subtract equipment.

**NOTE:** If this is a carryover – 21, complete "current budget" column only.

| SCHOOL SYSTEM Wayne Cou | inty Schools INITIAL CARR | YOVER X BUDGET AMENI      | MENT # | <u>1</u> <b>PROJECT</b> <u>10.01</u> |
|-------------------------|---------------------------|---------------------------|--------|--------------------------------------|
|                         | SUMMARY of FINANCI        | AL INFORMATION (Continued | )      |                                      |
| IDEA, PART B            | PART B, ARRA              | PRESCHOOL                 | X      | PRESCHOOL, ARRA                      |

| ACCOUNT<br>SERIES | EXPENDITURES                                  | CURRENT<br>BUDGET | INCREASE   | DECREASE   | AMENDED<br>BUDGET |
|-------------------|---|-------------------|--|--|-------------------|
| 71150             | Alternative Schools                           |                   |  |  | 0.00              |
| 71200             | Special Education Instruction                 | 10,895.17         |  |  | 10,895.17         |
| 72120             | Health Services                               |                   |  |  | 0.00              |
| 72130             | Other Student Support                         |                   | The state of the s |  | 0.00              |
| 72215             | Alternative Instructional Program             |                   |  |  | 0.00              |
| 72220             | Special Education Program Staff               |                   | The latest and the la |  | 0.00              |
| 72410             | Office of Principal                           |                   |  |  | 0.00              |
| 72710             | Transportation                                |                   |  |  | 0.00              |
| 99100-590         | Transfer Out of Funds: Indirect Cost (Rate: ) |                   |  |  | 0.00              |
| *99100-590        | Permissive Use of Funds:                      |                   |  | The second secon |                   |
|                   | A. Adjustment to Local Effort                 |                   |  |  | 0.00              |
|                   | B. School Wide                                |                   |  |  | 0.00              |
|                   | C. Early Intervening Services                 |                   |  |  | 0.00              |
| TOTAL EXPEN       | IDITURES FOR SPECIAL EDUCATION                | 10,895.17         | 0.00   | 0.00   | 10,895.17         |

**NOTE:** If this is a carryover budget (21), complete "<u>current budget</u>" column only.

Subtract out all expenditures for equipment prior to determing indirect cost amounts. Do Not include any "Permissive Use of Funds" expenditures when determining indirect cost amounts.

| Page | No. | 3 |  |
|------|-----|---|--|
|      |     |   |  |

<sup>\*</sup> Do Not use these columns for Preschool funds.

#### **JUSTIFICATION**

|            | permission | - Control of the Cont |
|------------|------------|--|
| X INCREASE | DECREASE   | INITIAL .21 PROJECT  |

| ACCOUNT<br>NUMBER | EXPENDITURE ITEM             | JUSTIFICATION  |
|-------------------|------------------------------|--|
| 71200-163         | Educational<br>Assistants    | This amount will fund one assistant for preschool (FTE – .65). |
| 71200-201         | Social Security              | Fixed charges for assistant.                                   |
| 71200-204         | State Retirement             | Fixed charges for assistant.                                   |
| 71200-207         | <b>Medical Insurance</b>     | Fixed charges for assistant.                                   |
| 71200-210         | Unemployment<br>Compensation | Fixed charges for assistant.                                   |
| 71200-212         | Employer Medicare            | Fixed charges for assistant.                                   |
|                   |                              |  |
|                   |                              |  |
|                   |                              |  |
|                   |                              |  |
|                   |                              |  |
|                   |                              |  |
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|                   |                              |  |

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|----------|---|--|